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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/645,913	
	Filing Date	August 21, 2003	
	First Named Inventor	Michael M. GRUNSTEIN et al.	
	Art Unit	Not yet assigned	
	Examiner Name	Not yet assigned	
Total Number of Pages in This Submission	5	Attorney Docket Number	T1118/20102

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): - Return Receipt postcard
<div>Remarks</div> <p>Please charge Attorney Account No. 03-0075 as necessary to effect entry and/or ensure consideration of this submission.</p>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Caesar, Rivise, Bernstein, Cohen & Pokotilow, Ltd.; Customer No. 03000
Signature	<i>Marina E. Volin</i>
Date	June 25, 2004

CERTIFICATE OF TRANSMISSION/MAILING	
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. [Transmitted to Facsimile No. (703) *]	
Typed or printed name	Marina E. Volin
Signature	<i>Marina E. Volin</i>
Date	June 25, 2004

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
PATENT EXAMINING OPERATION

Applicants: Michael M. GRUNSTEIN et al.

Serial No: 10/645,913

Group Art Unit: Not yet assigned

Filed: August 21, 2003

Examiner: Not yet assigned

Atty. Docket No.: T1118/20102

For: COMPOSTIONS AND METHODS FOR TREATMENT OF ASTHMA

**REVOCATION OF POWER OF ATTORNEY / APPOINTMENT OF NEW ATTORNEY
and REQUEST FOR CHANGE OF CORRESPONDENCE ADDRESS**

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

The Children's Hospital of Philadelphia, the Assignee of the entire right, title and interest in the above-identified application as specified in the accompanying Statement Under 37 CFR§3.73(b), hereby revokes all prior powers of attorney and appoints the attorneys at United States Patent and Trademark Office **Customer No. 03000** as attorneys of record with full power of substitution and revocation to prosecute the application and all continuations and divisions thereof, and to transact all business in the Patent and Trademark Office, including the payment of maintenance fees for patent(s) issuing on the application and its progeny.


Please change the correspondence address for the above-identified application to **Customer No. 03000** (Caesar, Rivise, Bernstein, Cohen & Pokotilow, Ltd, 7 Penn Center, 12th Floor, 1635 Market Street, Philadelphia, PA 19103-2212).

The telephone number of **Customer No. 03000** is (215) 567-2010 and the fax number is (215) 751-1142.

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

THE CHILDREN'S HOSPITAL OF PHILADELPHIA

Date: June 22, 2004

By 
Kurt A. Schwinghammer, Ph.D.
Director, Department of Technology Transfer



Docket No. T1118/20102

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STATEMENT UNDER 3.73(b)

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

The Assignee of the entire right, title and interest hereby seeks to take action in the Patent and Trademark Office in this matter.

IDENTIFICATION OF ASSIGNEE

The Children's Hospital of Philadelphia
34th Street and Civic Center Blvd.
Philadelphia, PA 19104

PERSON AUTHORIZED TO SIGN

I Kurt A. Schwinghammer, Ph.D., represent that I am the Director for the Assignee, and aver that I am empowered to sign this statement on behalf of the Assignee.

BASIS OF ASSIGNEE'S INTEREST

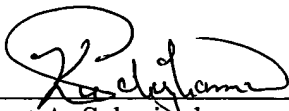
All right, title and interest in and to Application Serial No. 10/645,913 were transferred to the Assignee by the inventors in written assignments which were recorded in the Patent and Trademark Office in a parent application Serial No. 09/261,104 at Reel 009961/ Frame 0415. (See attached copy).

DECLARATION

I, hereby declare that all statements made herein of my own knowledge are true, and that all statements on information and belief are believed to be true; and further, that these statements are made with the knowledge that willful false statements, and the like so made, are punishable by fine or imprisonment, or both, under Section 1001, Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of any patent issuing thereon

THE CHILDREN'S HOSPITAL OF PHILADELPHIA

Date: June 22, 2004

By 
Kurt A. Schwinghammer, Ph.D.
Director, Department of Technology Transfer



Docket No. T1118/20102

CERTIFICATE OF MAILING

I hereby certify that the foregoing Revocation of Power of Attorney/Appointment of New Attorney and Request for Change of Correspondence Address re: Application Serial No. 10/645,913 are being deposited with the United States Postal Service as First Class Mail, postage prepaid, in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the 25 day of June, 2004.

Marina E. Volin
Marina E. Volin, Reg. No. 52,328